

ATTACHMENT 1

HCPCS codes for Ambulatory Surgery Centers

Effective for dates of service on and after July 1, 2002

Procedure code	Description	Type of service*	Copay	Max fee**	Status
G0104	Colorectal cancer screening; flexible sigmoidoscopy	F	\$3	manually priced	Added
G0105	colonoscopy on individual at high risk	F	\$3	manually priced	Added
G0106	alternative to G0104, screening sigmoidoscopy, barium enema	F	\$3	manually priced	Added
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	F	\$3	manually priced	Added
G0121	colonoscopy on individual not meeting criteria for high risk	F	\$3	manually priced	Added
G0185	Destruction of localized lesion of choroid (for example, choroidal neovascularization); transpupillary thermotherapy (one or more sessions)	F	\$3	manually priced	Added
G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	F	\$3	manually priced	Added
G0187	Destruction of macular drusen, photocoagulation (one or more sessions)	F	\$3	manually priced	Added
G0193	Endoscopic study of swallowing function (also fiberoptic endoscopic evaluation of swallowing (FEES))	F	\$3	manually priced	Added

*Type of service

Code

F

Description

Free-standing ambulatory surgical center